PRINTED: 02/02/2011 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER NORTH RIDGE VILLAGE NURSING & REHAB CENTER NORTH RIDGE VILLAGE NURSING & REHAB CENTER STREET ADDRESS. CITY. STATE 2IP CODE 80 TRAIL RIDGE PROVIDERS PLAN OF CORRECTION BY ALBION, IN 45701 FREDULATORY ON LIG. IDENTIFYING INFORMATION) K 000 INITIAL COMMENTS A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 493.70(a). Survey Date: 01/26/11 Facility Number: 155763 AJM Number: 200827620 Surveyor: Anny Kelley, Life Safety Code Specialist At this Life Safety Code survey, North Ridge Village Nursing & Rehabilitation Center was found not in compliance with Requirements for Participation in Medicare/Medicald, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (INFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 162. This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The facility has a capacity of 77 and had a census of 66 at the time of this survey. Quality Review by Robert Booher, REHS, Life APP ROLL of the Compliance with the Tenter of Tenter Appliance of the Compliance with the Tenter of the Compliance with the Tenter of the Compliance of the Compliance of the Compliance with the Tenter of the Compliance of the Compliance of t	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	AULTIF ILDING	PLE CONSTRUCTION G 01	(X3) DATE SURVEY COMPLETED			
NORTH RIDGE VILLAGE NURSING & REHAB CENTER SOUTHAIL RIDGE RD		155763		B. WING			01/26/2011			
REACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) K 000 INITIAL COMMENTS A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 01/26/11 Facility Number: 011296 Provider Number: 200827620 Surveyor: Amy Kelley, Life Safety Code Specialist At this Life Safety Code survey, North Ridge Village Nursing & Rehabilitation Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 LAC 16.2. This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The facility has a capacity of 77 and had a census of 68 at the time of this survey. Quality Review by Robert Booher, REHS, Life APP ROWNERS A COMMENTS K 000 K 000 This plan of correction is to serve as North Ridge Village Nursing & Rehabilitation Center was found not in constitute an admission of this plan of correction does not constitute an admission of any conclusion set forth in the statement of deficiencies or any violation of regulation. The creation and submission of this plan of correction does not constitute an admission of any conclusion set forth in the statement of deficiencies or any violation of regulation. PRECEIVED FEB 1 8 2011 LONG TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH TOOL TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH TOOL TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH TOOL TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH TOOL TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH TOOL TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH TOOL TERM CARE DIVISION INDIANA STATE DEPARTMENT						STREET ADDRESS, CITY, STATE, ZIP CODE 600 TRAIL RIDGE RD				
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aforementioned regulatory requirements as	A PF	A Life Safety Code Licensure Survey State Department CFR 483.70(a). Survey Date: 01/2 Facility Number: Provider Number: 206 Surveyor: Amy K Specialist At this Life Safety Village Nursing & not in compliance Participation in M Subpart 483.70(a 2000 edition of th Association (NFP Chapter 18, New 410 IAC 16.2. This one story factory factory for the V (000) consprinklered. The with smoke detection of 77 and had a consurvey. Quality Review be some according to the corrier of 77 and had a consurvey.	e Recertification and State was conducted by the Indiana of Health in accordance with 42 26/11 011296 155763 0827620 elley, Life Safety Code Code survey, North Ridge Rehabilitation Center was found with Requirements for edicare/Medicaid, 42 CFR), Life Safety from Fire and the e National Fire Protection (A) 101, Life Safety Code (LSC), Health Care Occupancies and cility was determined to be of estruction and was fully facility has a fire alarm system ction in the corridors and areas dors. The facility has a capacity census of 66 at the time of this y Robert Booher, REHS, Life cialist-Medical Surveyor on ound not in compliance with the	K	000	This plan of correction is as North Ridge Village N Rehab Center's credible of compliance. The creation and submis plan of correction does r constitute an admission conclusion set forth in the statement of deficiencies violation of regulation. RECE FEB 1	sion of this of any he or any 8 2011 8 2011 ARE DIVISION			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

Facility ID: 011296

program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01				(X3) DATE SURVEY COMPLETED	
	155763		B. WING			01/2	01/26/2011	
NAME OF PROVIDER OR SUPPLIER NORTH RIDGE VILLAGE NURSING & REHAB CENTER				600	ET ADDRESS, CITY, STATE, ZIP COD TRAIL RIDGE RD BION, IN 46701			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			×	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
K 000 K 046 SS=C	evidenced by the for NFPA 101 LIFE SA Emergency lighting provided in accordance This STANDARD is	Continued From page 1 evidenced by the following: NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 18.2.9.1 This STANDARD is not met as evidenced by:			K046 Our facility strives to probest care possible. In acc with that policy we have a the following issue. I. The battery operate emergency general	ordance addressed ed		
	Based on observation and interview, the facility failed to ensure 1 of 1 emergency lights was tested annually for at least a 1½ hour duration in accordance with LSC 7.9. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a functional test shall be conducted on every required battery powered emergency lighting system annually for not less than a 1½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.				was tested immed 1-27-11 for one ar half hours by the maintenance direct equipment was ful operational for the of the test. Writte of the visual test w recorded. No prof were noted. II. The maintenance of oversees the one a half hour emergen	tor. The ly duration records vere blems		
K 050	Maintenance Direct Supervisor on 01/2 operated emergency generated with the Maintenanthere was no writted regarding the batted available for review 3.1-19(b)	vation with the Administrator, tor and Housekeeping/Laundry 6/11 at 12:15 p.m., a battery by light was observed at the tor. Based on an interview ce Director at 11:15 a.m., in record of an annual test by operated emergency light of the core of th	K	050	testing annually. battery operated e generator light tes added to the annual one half hour dura to prevent it from missed for future III. The maintenance will report the rese administrator annual	The mergency t was al one and tion log being esting. director alts to the		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			COMPLETED		
		155763	B. WING			01/26/2011		
	NAME OF PROVIDER OR SUPPLIER NORTH RIDGE VILLAGE NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 TRAIL RIDGE RD ALBION, IN 46701				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K 050	Fire drills are held varying conditions. The staff is familia that drills are part Responsibility for passigned only to o qualified to exercis conducted between	rills are held at unexpected times under g conditions, at least quarterly on each shift. the test is being conducted through the QA committed through through the QA committed through t		tor that ducted amittee. 27-11 de the dance				
K 061 SS=C	Based on record realled to conduct of times for 4 of 4 quaffects all occupants. Based on review of Maintenance Directly all third shift fire dip.m. and 12:30 a.i. quarters. Based of Maintenance Directly no other documents. 11-19(b) 3.1-51(c) NFPA 101 LIFE States and the surface of the surfa	is not met as evidenced by: eview and interview, the facility uarterly fire drills at unexpected arters. This deficient practice its. of the "Fire Drill" forms with the ctor on 01/26/11 at 10:45 a.m., rills took place between 11:30 m. for four of the last four on an interview with the ctor at the time of record review, itation was available for review. AFETY CODE STANDARD ic sprinkler systems have so that at least a local alarm he valves are closed. NFPA	K	061	I. The maintenance was in-serviced administrator on 11 of the import staggering the tin fire drills. A thir fire drill was per on 2-15-11 at an unexpected time a.m. with no connoted. II. A yearly fire drischedule was purplace by the maintenance directly show quarterly fire driunexpected time schedule is only common knowled between the maintenance directly and the administration.	by the 1-26- ance of mes of rd shift formed of 3:30 neerns Il t into ector vs ills at es. This edge		

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(X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 01 B. WING 155763 01/26/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY, STATE, ZIP CODE 600 TRAIL RIDGE RD NORTH RIDGE VILLAGE NURSING & REHAB CENTER **ALBION, IN 46701** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) III. The maintenance K 061 K 061 Continued From page 3 director will report all This STANDARD is not met as evidenced by: fire drill times, for the Based on observation and interview, the facility previous month, to the failed to ensure 1 of 1 post indicator valves (PIV) and 2 of 2 water inlet valves were electronically OA committee overseen supervised. This deficient practice affects all by the administrator. occupants. Completion Date: 2-15-11 K061 Findings include: Our facility strives to provide the best care possible. In accordance Based on observation with the Administrator. with that policy we have addressed Maintenance Director and Housekeeping/Laundry Supervisor on 01/26/11 at the following issue. 1:05 p.m., the PIV was locked in the open position with a pad lock. No electronic tamper Ĭ. In accordance to the device was observed on the PIV. Additionally, NFPA 72, 9.7.2.1 both the water inlet valves for the wet and dry Current Fire Protection sprinkler systems were chained and padlocked with no electronic tamper device. This was Service installed tamper acknowledged by the Maintenance Director at the switches to 1 of 1 post time of observation. indicator valves and 2 of 2 water inlet valves 3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD K 067 on 2-10-11. On 2-15-K 067 SS=F 11 Nowak Supply Heating, ventilating, and air conditioning comply Company installed the with the provisions of section 9.2 and are installed wire hook up to the fire in accordance with the manufacturer's panel allowing all of the specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA above listed valves to 90A be electronically supervised. The maintenance Π This STANDARD is not met as evidenced by: director will check and Based on observation and interview, the facility record, on a semifailed to ensure an undetermined number of dampers were inspected and provided necessary annual basis, to ensure maintenance at least every four years in no problems exist. accordance with NFPA 90A to protect 66 of 66 COMPLETION DATE: 2-15-11 residents. LSC 9.2.1 requires air conditioning,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING 01			X3) DATE SURVEY COMPLETED	
•		155763	B. WIN	IG		01/2	6/2011	
NAME OF PROVIDER OR SUPPLIER NORTH RIDGE VILLAGE NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 TRAIL RIDGE RD ALBION, IN 46701					
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K 067	heating, ventilating equipment shall be a possible of the conditioning and shall be a possible of the conditioning with the conditioning was conditioned by the conditioning was conditioned by the conditioning was conditioned and shall be a possible of the conditioning was conditioned by the conditioning was condi	g ductwork and related be in accordance with NFPA or the Installation of and Ventilating Systems. NFPA or 3.4.7, Maintenance, requires ears, fusible links shall be upers shall be opened to verify the latch, if provided, shall be eving parts shall be inbricated as deficient practice affects all action with the Administrator, actor and Housekeeping/Laundry/26/11 at 1:30 p.m., dampers the ventilation duct at the see laundry room. Based on Maintenance Director at the lon, dampers are located incility in the ventilation system but r was unknown. He stated the of been inspected since the		144	Our facility strives to provide best care possible. In accordance with that policy we have add the following issue. I. In accordance with LSC And NFPA 90A Current F. Protection Service conducted complete inspection of the on 2-10-11. They found the facility to have 76 dampers dampers were inspected. Flinks were removed. Moving were inspected and found the working order. During that inspection they found 2 sm dampers that needed wired fire dampers that were on the prints but did not exist. The wiring, installation of dampinspection of those dampers scheduled for 2-23-11 to contain the inspection. II. The maintenance director oversees maintenance director oversees maintenance director and the contained of these inspections will be reported to the administrate of these inspections will be reported to the maintenance director and the contained of these inspections will be reported to the administrate of these inspections will be reported to the maintenance director and the contained of these inspections will be reported to the administrate of these inspections will be reported to the maintenance director and the contained of these inspections will be reported to the administrate of the serious will be reported to the maintenance director and the contained of the serious will be reported to the maintenance director and the contained of the serious will be reported to the maintenance director and the contained of the serious will be reported to the maintenance director and the contained of the serious will be reported to the maintenance director and the contained of the serious will be reported to the maintenance director and the contained of the c	dance dressed 9.2.1. ire ed a building e . All 76 fusible in the looke and 2 to be in the looke and 2 to be corrections are complete corrections are considered and corrections are considered as a considered and co		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION One of the construction of t	(X3) DATE SURVEY COMPLETED	
		155763	B. Wil	NG		01/26	5/2011
NAME OF PROVIDER OR SUPPLIER NORTH RIDGE VILLAGE NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 TRAIL RIDGE RD ALBION, IN 46701				
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K 144	This STANDARD Based on observar failed to ensure 1 of emergency general readily observed by regular work station NFPA 99, Health of requires a remote powered, shall be the generating rood by operating person The annunciator of the emergency or follows: (a) Individual visual 1. When the emerging 2. When the batter (b) Individual visual audible signal to wall arm condition of 1. Low lubricating 2. Low water temp 3. Excessive wate 4. Low fuel - when contains less than 5. Overcrank (faile 6. Overspeed. Where a regular was ignal, appropriate at a continuously of derangement sign conditions in 3-4.1 not display these	is not met as evidenced by: ion and interview, the facility of 1 alarm annunciators for the itor was provided in a location y operating personnel at a n such as a nurses' station. Care Facilities, 3-4.1.1.15 annunciator, storage battery provided to operate outside of m in a location readily observed annel at a regular work station. hall indicate alarm conditions of auxiliary power source as al signals shall indicate: gency or auxiliary power source ply power to load. Ty charger is malfunctioning. It signals plus a common arn of an engine-generator all indicate: oil pressure. erature. The main fuel storage tank a 3-hour operating supply.	K	144	COMPLETION DATE: Scheduled for 2-23-11 K144 Our facility strives to provide best care possible. In accommon with that policy we have at the following issue. I. In accordance with annunciator was moved to a readily observe operating person regular work st. This alarm will any problems simentioned in 3 a & b. It is equivity audible and derangement si is appropriately. II. The maintenant director will change weekly to a problems exist. COMPLETION DATE: 2	with 1.1.15 panel an area d by onnel at a ation. alert auch -4.1.1.15 aipped ad visual ignal and y labeled. ce neck and assure no	

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G 01	(X3) DATE SURVEY COMPLETED		
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K 144	Continued From pa	ge 6	K	144				
	Maintenance Direct Supervisor on 01/20 generator annuncia maintenance shop. continuously occup	vation with Administrator, for and Housekeeping/Laundry 3/11 at 11:40 a.m., the stor panel was located in the This location was not lied by staff personnel. This by the Maintenance Director vation.						
	3.1-19(b)							
,								